

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			UJ 5/22/01
<b>FORMALITY REVIEW</b>	HL	1079	06/30/01
<b>RESPONSE FORMALITY REVIEW</b>	KL	10 19	03-01-02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	11/16/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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 B6SP-75583  
 03/01/02  
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